

UNITED STATES BANKRUPTCY COURT
DISTRICT OF IDAHO (BOISE)
PROOF OF CLAIM
Name of Debtor
Peggy L. Sheldon

Case Number
99-01789 *R*

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. §503.



99-01789



1250237

Name of Creditor (The person or other entity to whom the debtor owes money or property):

Mednow c/o

Name and Address where notices should be sent:

Mednow c/o

ARstrat

19823 58th Pl. S

Kent, WA 98032

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

☐ Check box if you have never received any notices from the bankruptcy court in this case.

☐ Check box if the address differs from the address on the envelope sent to you by the court.

THIS SPACE IS FOR COURT USE ONLY

Telephone Number:

Account or other number by which creditor identifies debtor:

00000007267

Check here if ☐ replaces this claim ☐ amends a previously filed claim, dated _____
1. Basis for Claim

- ☒ Goods sold
☐ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
☐ Taxes
☐ Other _____

- ☐ Retiree benefits as defined in 11 U.S.C. §1114(a)
☐ Wages, salaries, and compensation (fill out below)
Your SS #: _____
Unpaid compensation for services performed from _____ to _____
(date) (date)

2. Date debt was incurred:

9-26-97

3. If court judgment, date obtained:**4. Total Amount of Claim at Time Case Filed:**

\$ 84.75

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.
5. Secured Claim.
☐ Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:

☐ Real Estate ☐ Motor Vehicle

☐ Other _____

Value of Collateral: \$ _____

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ 84.75

6. Unsecured Priority Claim.
☐ Check this box if you have an unsecured priority claim

Amount entitled to priority \$ 84.75

Specify the priority of the claim:

- ☐ Wages, salaries, or commissions (up to \$4,300)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3).
☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).
☐ Up to \$ 1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).
☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).
☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).
☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____).

*Amounts are subject to adjustment on 4/1/01 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

Date

8/2/99

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

Debra S. Land

425-656-3300
Debra S. Land

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

Chapter 12 and 13 claims, along with any supporting must be filed in duplicate.

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CLIENT# MED200 MEDNOW		--OWING--		-RECEIVED-		ASSIGNED AMOUNTS	
ACCOUNT#	590553	AGN/AMT	84.75	0.00	PRINCIPAL	84.75	0.00
NAME	SHELDON, PEGGY L	INT	0.00	0.00	ASGN INT	0.00	0.00
NAME2		CANCELLED	0.00		COMM FEES	0.00	0.00
ADDRESS	3300 N LAKEGROVE LN #201	ATTORNEY	0.00	0.00	AMISC1	0.00	0.00
ADDRESS2		COURT	0.00	0.00	AMISC2	0.00	0.00
CITY	BOISE	MISC	0.00	0.00	AMISC3	0.00	0.00
ST/ZIP	ID 83713	TOTAL***	84.75	0.00	AMISC4	0.00	0.00
PHONE	208-888-4566				AMISC5	0.00	0.00
NOTE LNS	21	NET W/JMT**		84.75	AMISC6	0.00	0.00
DESK/UNIT	MD	STATUS: CAN COMM: .30			AMISC7	0.00	0.00
DOB	06-22-1958	-- DATE --			AMISC8	0.00	0.00
SSN	519761118	ASSIGNED 12-07-98			AMISC9	0.00	0.00
DRL		LAST CHG 09-26-97					
CLIENT REF#	000000007267	LAST PAY			MISCELLANEOUS AMOUNTS		
FWD-CLIENT		LAST ACT 08-02-99			--OWING--	-RECEIVED-	
INT RATE(D) 0		CL LC/LP 09-26-97			MISC	0.00	0.00
PACKET#	83752	INTR EFF 12-07-98			OVERPMT	0.00	0.00
--- SPECIAL FIELDS ---					MISC1	0.00	0.00
PATIENT	SHELDON, PEGGY L	SPC FLD4			MISC2	0.00	0.00
SPC FLD2		SPC FLD5			MISC3	0.00	0.00
SPC FLD3		CREDIT RPT			MISC4	0.00	0.00
					MISC5	0.00	0.00
					MISC6	0.00	0.00
					MISC7	0.00	0.00